Provider Enrollment Checklist for Behavioral Health Rehabilitative Treatment

Provider Type 82: Specialty 000, Entity/Agency/Group

If you have any questions regarding this form, please contact the Provider Enrollment Unit at (877) 638-3472.

Entity/Agency/Group Name: _____ Date: _____

Entity/Agency/Group NPI: _____

Please check one. Updates to Medical, Clinical and Direct Supervisors are reported using this form.

☐ New Enrollment: Complete all sections. Include a copy of all documents in the "Attachments" section below.

☐ Medical Supervisor Update: Complete the Required Policies, Required Services and Medical Supervisor Attestation sections of this document.

☐ Clinical Supervisor Update: Complete the first four items in the Supervisors section of this document.

☐ Direct Supervisor Update: Complete the last four items in the Supervisors section of this document.

Attachments

Initial each space below to signify that the specified item is attached.

____ SS-4, CP575 or W-9 form showing Tax Payer Identification Number

____ Business License

Policy acknowledgement

By initialing each of the five bolded items below, I agree to conform to these policy requirements.

_____ Service Delivery Models (MSM 403.1.3)

"Individual" Rehabilitative Mental Health providers (RMH) must meet the provider qualifications for the specific service. If they cannot independently provide clinical and direct supervision, they must arrange for clinical and direct supervision through a contractual agreement with a BHCN or qualified independent professional. These providers may directly bill Nevada Medicaid or may contract with a BHCN.

_____ Provider Standards (MSM 403.2.1)

All providers must:

a. Provide medically necessary services

b. Adhere to the regulations prescribed in this chapter [Chapter 400] and all applicable Division [Nevada MSM] chapters

c. Provide only those services within the scope of [the provider's] practice and expertise

d. Ensure care coordination to recipients with higher intensity of needs

e. Comply with recipient confidentiality laws and HIPAA

f. Maintain required records and documentation for a period of six years

g. Comply with requests from the QIO-like vendor [HP Enterprise Services]

h. Ensure client's [recipient's] rights

i. Cooperate with DHCFP's review process.

_____ Rehabilitative Mental Health Services (MSM 403.6B.3)

a. Qualified Mental Health Professionals (QMHPs) may provide BST, Program for Assertive Community Treatment (PACT), Day Treatment, Peer-to-Peer Support, PSR and Crisis Intervention (CI) services.

b. Qualified Mental Health Associates (QMHAs) may provide BST, PACT, Peer-to- Peer Support, and PSR services under the clinical supervision of a QMHP.

c. Qualified Behavioral Aides (QBAs) may provide BST services under the clinical supervision of a QMHP and [under] the direct supervision of a QMHP/QMHA. QBAs may provide Peer-to-Peer Support services under the clinical/direct supervision of a QMHP.

_____ Clinical Supervision (MSM 402.7)

Clinical Supervisors must assure the following:

a. An up to date (within 30 days) case record is maintained on the recipient;

b. A comprehensive mental and/or behavioral health assessment and diagnosis is accomplished prior to providing mental and/or behavioral health services (with the exception of Crisis Intervention services);

c. A comprehensive and progressive Treatment Plan and/or Rehabilitation Plan is developed and approved by the Clinical Supervisor and/or a Direct Supervisor, who is a QMHP;

d. Goals and objectives are time specific, measurable (observable), achievable, realistic, time-limited, outcome driven, individualized, progressive, and age and developmentally appropriate

e. The recipient and their family/legal guardian (in the case of legal minors) participate in all aspects of care planning, that the recipient and their family/legal guardian (in the case of legal minors) sign the Treatment and/or Rehabilitation Plan(s), and that the recipient and their family/legal guardian (in the case of legal minors) receive a copy of the Treatment and/or Rehabilitation Plan(s)

f. The recipient and their family/legal guardian (in the case of legal minors) acknowledge in writing that they understand their right to select a qualified provider of their choosing

g. Only qualified providers provide prescribed services within scope of their practice under state law

h. Recipients receive mental and/or behavioral health services in a safe and efficient manner

_____ Direct Supervision (MSM 402.11)

Direct Supervisors must document the following activities:

a. Their [the Direct Supervisor's] face-to-face and/or telephonic meetings with Clinical Supervisors.

1. These meetings must occur before treatment begins and periodically thereafter

2. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance

3. This supervision may occur in a group and/or individual setting.

b. Their [the Direct Supervisor's] face-to-face and/or telephonic meetings with the servicing provider(s)

1. These meetings must occur before treatment/rehabilitation begins and, at a minimum, every 30 days thereafter;

2. The documentation regarding this supervision must reflect the content of the training and/or clinical guidance

3. This supervision may occur in group and/or individual settings

c. Assist the Clinical Supervisor with Treatment and/or Rehabilitation Plan(s) reviews and evaluations.

Supervisors

I understand that I must have clinical and direct supervision when providing services to Nevada Medicaid recipients. The name, title, contact phone and signature of my current clinical and direct supervisors are provided below.

Primary Clinical Supervisor Name: _____

Professional Title (attach a copy of credentials/license): _____

Contact Phone: _____

Primary Clinical Supervisor Signature: _____

Primary Direct Supervisor Name: _____

Professional Title (attach a copy of credentials/license): _____

Contact Phone: _____

Primary Direct Supervisor Signature: _____